

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**Independent Bill Review Final Determination Upheld**

9/8/2014

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IBR Case Number:	CB13-0000562	Date of Injury:	01/11/2012
Claim Number:	██████████	Application Received:	10/07/2013
Claims Administrator:	██		
Date(s) of service:	3/27/2013 – 03/27/2013		
Provider Name:	██		
Employee Name:	██		
Disputed Codes:	99212 - 25		

Dear ██████████

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 03/27/2014 by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

**Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed - The following evidence was used to support the decision:**

- The original billing itemization
- Supporting documents submitted with the original billing
- Explanation of Review in response to the original bill
- Request for Second Bill Review and documentation
- Supporting documents submitted with the request for second review
- The final explanation of the second review
- Other: OMFS, AMA CPT Coding Guidelines

## Supporting Analysis:

The dispute regards the \$ 0.00 reimbursement of an Evaluation and Management service submitted by the Provider to the Claims Administrator for date of service 3/27/2013, in the amount of \$42.02.

On 3/27/2013, the provider submitted a claim form to the Claims Administrator listing four (4) CPT codes for services provided to one patient. The provider is disputing non-reimbursement for one (1) CPT Code. The American Medical Association Current Procedural Code Book, 1997, defines the CPT in question as follows:

**CPT 99212:** Office or other outpatient visit for the evaluation and management of an established patient which requires at least two of these three key components:

- a problem focused history;
  - Chief Complaint; brief history of present illness or problem
- a problem focused examination;
  - limited examination of the affected body areas
- straight forward decision making.

**Modifier -25:** Significant, separately identifiable evaluation and management (E/M) service by the same physician\* on the day of a procedure. The physician may need to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E&M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed.

The Claims Administrator denied CPT 99212 for the following reasons:

1. The Value of this procedure is included in the value of another procedure performed on this date.
2. No separate payment was made because the value of this service is in the value of another service performed on the same day.

The Provider's representative mentioned the OMFS Ground Rules for Physical Medicine. Segments of these ground rules will be stated below and then compared to the (provided) documentation for CPT 99212-25:

General Information and Instructions 8CCR § 9789.11(a)(1), Physical Medicine, Ground Rules, "The following ground rules are specific to physical medicine services provided by a physician or non-physician... Billings must include the providers professional designation... services shall be limited to services by the provider's scope of practice."

Physical Medicine, 503A(f) states, "The reimbursement for follow-up evaluation and management services for the routine reassessment of an established patient is included in the value of the treatment codes in the Physical Medicine Section on the schedule. Follow-up Evaluation and Management Services for the re-examination of an established patient may be reimbursed in addition

to physical medicine, manipulation, starred procedure's and acupuncture only when any of the following applies:

1. There is a definite measurable change in the patient's condition requiring a significant change in the treatment plan
2. The patient fails to respond to treatment requiring change in the treatment plan
3. The patient's condition becomes permanent stationary, or the patient is ready for discharge
4. It is medically necessary to provided evaluation services over and above those normally provided during the therapeutic services and included in the reimbursement of physical medicine treatment (Documentation may be required)
5. It is necessary to provide evaluation services to meet the reporting requirements set forth in Title 8, California Code of Regulations Section 978(f).

Documentation pertaining to the four CPT codes was reviewed. In the six pages of notes, four of which are questionnaires the patient filled out, there is no documentation regarding patient and provider history; given this limited access to the overall picture, it is unclear whether the patient was initially scheduled for a procedure or a follow-up visit.

According to the documentation submitted, these facts were established:

1. The provider's specialty is acupuncture.
2. The patient is being treated for a work related injury.
3. The six (six) pages of chart documentation and billed 99212 CPT Code, all specify an established patient.
4. The Acupuncture Progress Note Diagnosis is "CTL"
5. The Evaluation and Management Diagnosis is "CTL"
6. The Evaluation and Management "Assessment" section, "unchanged" is circled.

Given these six facts, it is assumed that the patient was initially seen for treatment of acupuncture and, at some point during the visit, the Provider felt that the parameters for a separate Evaluation and Management Service were warranted. Since the evaluation and management portion is already built in to the RVU (Relative Value Units) of the acupuncture CPT Code, the note entitled "Patient Evaluation (Initial/Progress) Report and four questionnaires are also believed to be part of this acupuncture service. The documentation relative to separate Evaluation and Management (CPT 99212), however, appears to be in the form of a ¼ page SOAP note template.

When comparing the SOAP template to the Acupuncture Progress Note, it is noted that in the subjective portion of the SOAP, the letters, "CTL" are entered as the patient's chief complaint; duration, time, context and modifying factors are not documented. On The Acupuncture Progress Note, in the "Accepted body parts" section, 'CTL' is also entered. It is noted that the diagnosis codes for the Acupuncture Progress Note and the Soap note are identical and in the same billing order as follows: 722.4 Cervical Dis Degen; 723.4 Brachial Neuritis NOS; 722.51 Thoracic Disc Degan; and 722.52 Lub/Lubosac Disc Degen. Thus, CTL noted above must stand for Cervical Thoracic and Lumbar. Continuing with the last portion of the comparison, it is noted that in the "Assessment" portion of the SOAP, "the provider circled "unchanged." After applying these findings to the criteria for "Physical Medicine, 503A (f)," it was found that a separately identifiable office could not be identified. Given the findings and guidelines, reimbursement for CPT 99212 -25 is not recommended.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99212	25	1	\$42.02	\$0.00	\$0.00	\$0.00	OMFS

**Chief Coding Specialist Decision Rationale:**

This decision was based on aforementioned guidelines and comparison with OMFS. This was determined correctly by the Claims Administrator and the payment of \$0.00 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

██████████, RHIT  
Chief Coding Reviewer

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